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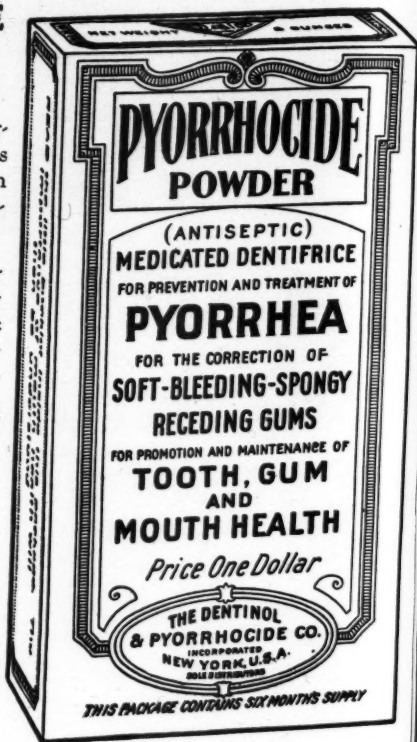
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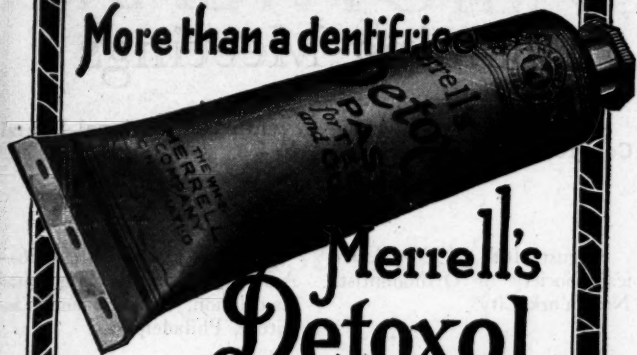
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Coming Meetings

August 23d to 28th, 1926—Seventh International Dental Congress, Philadelphia, Pa.

August 16th, 1926—American Society of Orthodontists, New York City.

August 23d and 24th, 1926—American Dental Hygienists' Association, Evans Dental Institute, Philadelphia.

August 16th to 19th, 1926—Psi Omega Fraternity, National Alumni Chapter. Penn Athletic Club, Philadelphia. Banquet at 6 p. m., Thursday, August 26th.

August 23d to 27th, 1926—First International Orthodontic Congress, New York City.

August 19th to 21st, 1926—American Dental Assistants' Association, Philadelphia.

August 26th and 27th, 1926—Reunion of Baltimore College of Dental Surgery Alumni, Bellevue-Stratford Hotel, Philadelphia.

August 20th and 21st, 1926—American Academy of Periodontology, New York City.

Summer School for Dental Hygienists, University of Buffalo, Buffalo, N. Y. For graduate hygienists only. Address Dr. C. H. Thurber, 213 Foster Hall, University of Buffalo.

Week of August 23d, 1926—American Dental Association, Philadelphia.

American Dental Golf Association, on dates to be announced, during week of August 23d, 1926, at Philadelphia.



ORAL HYGIENE

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ADDRESS CHANGES—Since we must start addressing wrappers early in the month preceding the month of issue, it is necessary that address changes reach the district publisher by the first day of the month preceding the issue to be affected. Changes received on August first, for instance, will affect the September issue. Changes received later in August will first affect the October issue. Both the old and the new address should in all cases be furnished.

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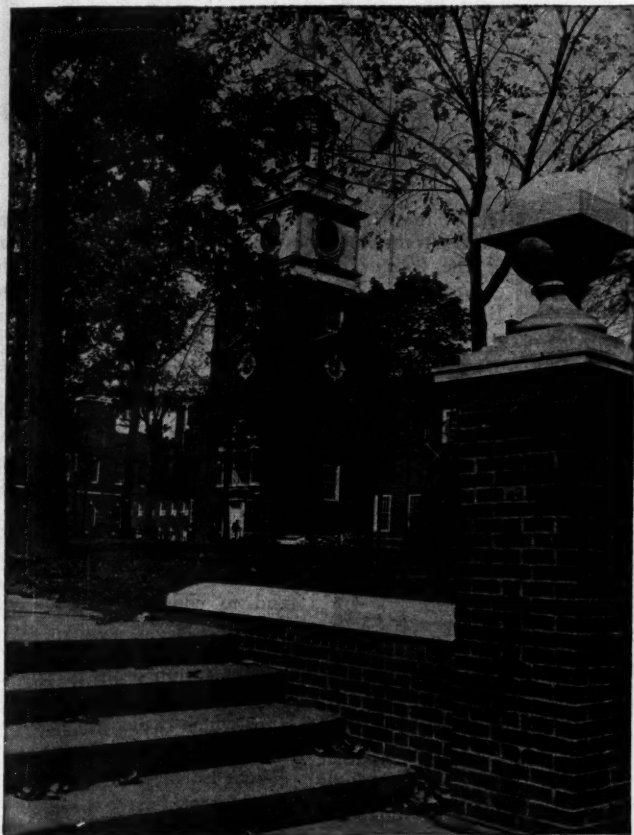
ORAL HYGIENE

Registered in U. S. Patent Office—Registered Trademark, Great Britain

FOUNDED 1911

AUGUST, 1926

VOL. 15, No. 8



Independence Square, Philadelphia



Philadelphia and the International Congress

By FRANK FITZPATRICK, D.D.S., Philadelphia, Pa.

PART II

(Continued from July issue)



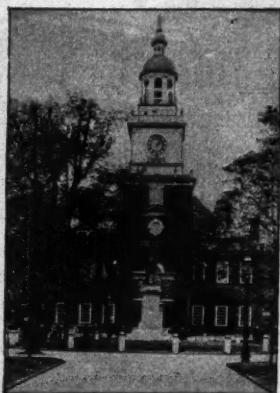
NE sometimes notices in the blurbs of the booster organizations that Blank City has so

many industries and employs such and such a number of workers, who produce annually gadgets, which if laid end to end, would reach from Pocatello, Idaho, to You Bet, California, with enough left over to make a six-cylinder car and a pair of corsets for your mother-in-law. The total expressed in these terms is decidedly imposing, to anyone impressed with that sort of thing.

I need not say that Philadelphia has similar lists of its industries, and perhaps lays them end to end in the good old-fashioned way.

If I say, that Philadelphia produces gum drops or umbrellas or sleeve garters or mustache cups which if placed end to end would reach from Pawtucket to Prince Edward Island, it merely means that I have a lot of idle time on my hands for the computing of foolishness or that I am a liar.

The latter category would be



Independence Square. Historic spot where stood the people to listen to the reading of the Declaration of Independence has been preserved in its original state by the city and will be the scene of much of the Sesqui-Centennial celebration this year.



Girard College. Main building of the institution for the rearing and educating of orphan boys. This building is a fine copy of the Parthenon in Athens and contains the tomb of the founder, who was famed as "Mariner, merchant and philanthropist" of the early days of the nation.

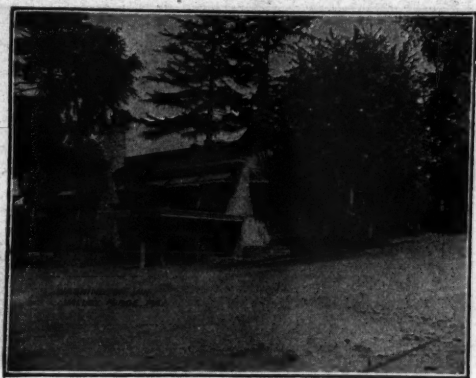
a reasonable surmise. But since it is improbable that the delegates and visitors to the International Congress are greatly interested in these industrial statistics, and since I have no way of proving that the statements made are true, and since after all the greatness of a city does not depend on the miles of calico or the yards of carpet, or the hogsheds of hominy produced there, I refrain from giving them here.

It is sufficient for our purpose, that Philadelphia is an industrial city of the first magnitude. It is indeed a difficult thing to mention a product fabricated anywhere in the United States, which is not manufactured in Philadelphia. In Alice in Wonderland, the Walrus' "shoes and ships and sealing

wax" represent an alliteratively diverse array and yet they are all made in Philadelphia.

Of course we do not go so far as to claim to make the "Cabbages and Kings" which completes the jingle, but if ever these two products may be produced synthetically, I am sure Philadelphia will have two new industries.

While on the subject of industries, it is amusing to Philadelphians to find that so many visitors to the city are unaware of the fact that the city is also a seaport. A ramble along the waterfront would be a revelation to many, if only they would go there, for the miles and miles of wharves and docks are even yet insufficient to accommodate the ships from the seven seas



Washington Inn at Valley Forge. Ancient hostelry on the historic camping ground of the Continental Army provides for the refreshment of thousands of motorists who visit the spot.

which bring cargoes to and from Philadelphia.

Here foreign craft float romantic flags from prosaic masts, while the crews are busily engaged in loading and unloading spices and hemp and locomotives and timber. These men do not keep a crease in their pants and they are quite likely to be dirty; they are a tough-looking, hard-boiled, flea-bitten crew of vagabonds, and yet you somehow find creeping within you a lurking admiration for them and their work.

Then you remember "the men who go down to the sea in ships" and you know it has always been this kind of man, vagabond and wastrel and ne'er-do-well but with a strange singing in his heart, and a spirit of adventure in his soul who "goes

down to the sea in ships." From the days of Ulysses it has been so, and it will perhaps be unfortunate, if civilization, in its march to an unknown goal, shall succed in "breeding out" this type.

So to Delaware Avenue then, with its sights and sounds and—yes, its smells, if you care for the flavor of the sea.

Of course you will go to the Navy yard. Remember that it is just below the site of the Sesqui-centennial Exposition, and really is part of it.

There is an airplane factory at the Navy Yard and an aviation field, and of course there are battleships and submarines and cruisers and destroyers, riding at anchor, or whatever it is ships ride at when in port.

Here they are, grim in their

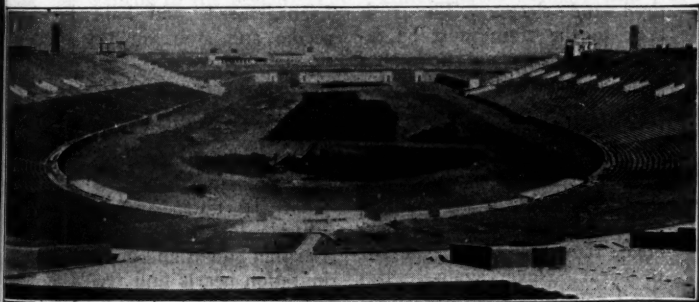
grey paint, subtly, inexplicably conveying a sense of terrific power. Fourteen-inch guns sprout formidably from revolving turrets, ready to hurl Jove's thunderbolts at the word of command. Marine monsters these, more terrible than the fabulous serpent, but gala now, with pennants and ensigns in a pathetically humorous attempt to appear playful.

I have mentioned the sea, but when a Philadelphian mentions the sea he does not think of the mighty Delaware and its ships from the ends of the earth, but of the Jersey shore and especially of Atlantic City.

Atlantic City is but a short distance from Philadelphia, about sixty miles to be exact, and just one hour away by rail. Daily throughout the summer, thousands of Philadelphians hasten across the river to Camden and there take the excursion trains to Atlantic City.

I do not advise anyone to take these excursions to "the shore," as it is called here, unless one is after some particularly deep pigments in local color.

Day after day throughout the summer the performance is repeated. All must be up early, for has not the lunch to be packed in the box obtained the night before from the shoe store around the corner? Children must be washed and dressed and kept that way until train time when of course pleasure begins and these restrictions may be relaxed somewhat. They hurry out to the street cars in the darkness, for the excursion leaves at seven from the Camden terminal, so the wary must be on hand at six-thirty to be sure of seats. Eyes and faces shining in anticipation of the pleasure soon to materialize, they stand in the growing crowd waiting for the gates to open. The crowd grows larger and



The New Stadium. Municipal amphitheatre just completed and which cost \$3,000,000 and has a seating capacity of 100,000 persons, will be the location of sports pageantry and many other spectacular events during the Sesqui-Centennial Exposition.

larger, and then the gates are thrown back. Scrambling, pushing, hurrying, tumbling, fearful of losing a seat or the lunch box, they blunder ahead into the coaches, madly in pursuit of that happiness, which they have learned is the inalienable right of everyone as stated in the Declaration.

Once the train has begun to move, the lunch boxes are opened and soon the floor of the car is littered with papers and fruit rinds, while the shoe box shows alarming depletion of its contents. But spirits rise when the train stops, and now they are in Atlantic City. A box of salt-water taffy is purchased to take home, and is proudly carried about all day. Then to the bath houses and the beach where they bathe a bit and sit in the sun to get a coat of tan. By mid-afternoon the entire family is stiff from sunburn, the children are sick from eating too much lunch and in addition are tired and sleepy. The rush back to the train must be repeated however, only the joy has gone out of life now. The nose which this morning was bright and shining is now suspiciously red, and muscles ache in unexpected places, and somehow there is sand in the shoes. Tired and weary and utterly dishevelled, they arrive home at last to swear "Never again." But don't you believe it. Next year they will go again.

Fortunately one may get to Atlantic City and yet avoid the excursions. Trains leave from

Broad Street Station in Philadelphia and from the Camden terminals of the Pennsylvania and Philadelphia and Reading railroads. There is also service to "the shore" by electric railway and by automobile bus.

The Boardwalk in Atlantic City is one of the famous streets of the world. On one side exposed to the sea, which laves a gently sloping beach, and on the other lined by smart shops and hotels and theatres, the boardwalk swaggers between. Stenographers and salesmen, bootleggers and bootblacks, butchers and bakers and candlestick makers eternally strut its wooden planks or strive to affect an air of nonchalance in a rolling chair pushed by a weary Ethiopian, from Ventnor to the Inlet.

Bathing beauties in borrowed silks, college boys and chorus girls, bankers and barbers and boarding-house keepers restlessly tramping the thunderous street; bobbed heads and bald heads seethe and swirl in the ever-flowing current.

Sleek. "go-getters" auction oriental rugs from China and Chicago. Pottery of the Ming dynasty and the neo-Coolidge era commands fabulous prices from the butter-and-egg men. Florida lots and oil wells and Parisian gowns and genuine and imitation pearls find ready buyers and even more ready sellers.

But even Atlantic City is not encompassed in the Boardwalk. Were it not for the beach Atlantic City would still be but

a waste of sand. Atlantic City owes its wealth and its gaucheries and its fame to that barren strip of sand.

Along the whole Atlantic coast no spot more favorable than this could be found for the purpose of bathing. Every summer's day thousands and hundreds of thousands of the devotees of salt water bathing line this strand for the daily dip in the sea. Beautiful maidens disport in the briny as alluring as ever were fabled mermaids. Straight-limbed young men and knock-kneed old fellows bounce and dive and flounder through the waves and are joyously happy at being upset. There is a democracy in bathing, which no other amusement induces. After all how could one be dignified in a bathing suit? The thing is clearly impossible as Carlyle demonstrated in Sartor Resartus; at any rate no one attempts it. It is exhilarating too, and one is glad to rest when one returns to the beach. The unwary at this point lie in the sun to dry and then remain because it feels so comfortable. But the sun is deceitful and an hour or two in its glare on the beach means several square feet of charred epidermis and several days of acute discomfort. Retreat under a pier or under the Boardwalk and the pleasure of the bath will not be marred by a haughty clavicle or an unsocial scapula. Forgetfulness of the warning will result in another customer for balms of the pharmacist.

Though we have taken a little journey to Atlantic City we are not completely unmindful that we are attending a dental convention and so before we leave Philadelphia or after we return the educational facilities of the Quaker City and especially those relating to dentistry claim our attention.

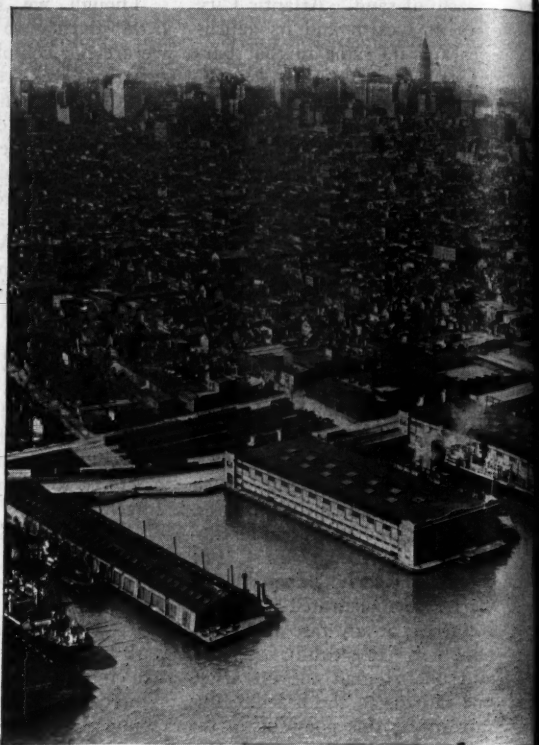
The Thomas W. Evans Museum and Dental Institute, School of Dentistry, University of Pennsylvania is perhaps the most completely equipped Dental school in existence. It is within easy walking distance of the Commercial Museum, where the International Congress will be held and it will be a Mecca to the wielders of the forceps.

The Dental School of Temple University, formerly the Philadelphia Dental College, will also claim attention.

It would be an unprofitable task to enumerate the schools of which Philadelphia boasts. The University of Pennsylvania was founded by Benjamin Franklin as was the Pennsylvania Hospital, long before America became a nation—"George the Second happily reigning" as the corner stone of the latter still declares.

Some of the older buildings of the University are architectural eyesores although ivy has half-toned the major defects, but the newer buildings are harmonious in modified Gothic and achieve real distinction in the dormitory towers.

Girard College is unique in

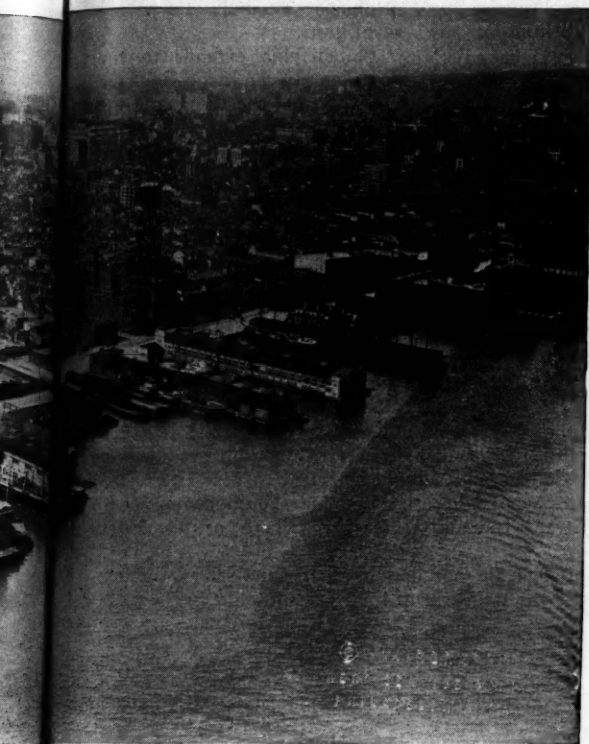


The City's Waterfront. Airplane view from the Del section of the city, which section also comprises a and the City. The background is the City.

many respects. It is not a college in the usual sense, for boys enter under ten and leave at eighteen. Girard's will directed that no minister of any denomination be admitted to the grounds and further directed that a wall fourteen feet high was to be erected and guarded with iron at the top to prevent

persons from getting over. This latter provision does not necessarily mean that he deemed the former provision alone insufficient. He may have wanted to keep the boys inside.

There was once a joke current as to the all-important questions put to visitors in the



from the Delaware River looking over the central
comprises the old city, where are lo-
n also and spots. The spire in the ex-
building the City Hall.
und is

three principal cities of the Atlantic seaboard.

In Boston the question was: "What do you know?"; in New York, "How much have you got?"; in Philadelphia, "Who are your people?" There was just sufficient truth to the query to make the humor effective.

In Philadelphia at any rate

great store is set on family. A relative of any of the old and exclusive families never fails to mention the fact. The Englishman who wrote home that "everybody of family in Philadelphia is a Scrapple and eats biddle for breakfast," made a justifiable error under the circumstances. Undoubtedly there

is a measure of exclusiveness or snobbery in the attitude of certain Philadelphians, the adjective of course, depending on one's point of view.

There is a hearty hospitality in the attitude of the people as a whole which is nowhere excelled. The delegates to the Congress and the National and State meetings will find that Philadelphia as a city and Phila-

delphians as individuals are royal hosts.

Philadelphia extends to the dental profession throughout the world, and to those in the United States especially, a cordial invitation to attend the International Dental Congress; she pledges herself to make the visit enjoyable; she is prepared to show that Philadelphia is indeed "The City of Brotherly Love."

Indiana to Confer Degree

By vote of the Trustees of Indiana University, the degree of Doctor of Dental Surgery will be conferred upon all graduates of Indiana Dental College and a diploma issued to that effect.

All graduates who desire this diploma should communicate with the Registrar, Indiana University School of Dentistry, Indianapolis.

All Alumni who are not now receiving the school publications should notify the Registrar of their present address.

E. J. BOWLES,
Registrar.

Community Seeks Dentist

East Fultonham, O.—Newspaper publicity is being resorted to in an effort to stop this town's toothaches. It is without a dentist and residents are hopeful that some dentist, reading of their predicament, will decide to locate here, where there is a 500-man plant of the Pittsburgh Plate Glass Company, and the Fultonham Brick Company, which employs 150 potential patients for the prospective puller. It is also a railroad center.





That Same Old Easy Life Versus Judgment

By R. H. LIEBERTHAL, D.D.S., Bridgeport, Conn.

Dr. Lieberthal has another tilt with Dr. Kells who in his brief rebuttal seeks to end the Easy Life argument which has raged peacefully in these columns for many months.

IN THE October issue there appeared an article by Dr. Kells which is supposed to be a reply to my letter published in the May, 1925, issue. The quotation "One of the Easy Life Clan (as Dr. Lieberthal styles himself)" should be corrected to read "One of the Easy Life Clan (as Dr. Kells styles Dr. Lieberthal or any other dentist using M.O.D. inlays)."

As to the case of the little thirteen-year-old girl my statements were definite in each instance, and it was assumed by me that it would be very clear to the minds of my readers that the amount of dental work described as existing in her mouth would in itself, show dental attention over a period of years. Notwithstanding that fact, I quoted the father's conversation

with me in which he clearly said "Dr., tell me, did this so-called mal-occlusion develop within the last three months, and did the dentist use good judgment in filling my daughter's teeth as he did *over a period of seven years?*" So much for that.

Dr. Kells says that the films show conclusively that the little girl's teeth do not carry as many fillings as stated in my letter. Just how buccal fillings can be seen on x-rays taken intra-orally I do not know. The fact is that the molars have one or two fillings on the buccal surface.

Surely, Dr. Kells, metallic plastic fillings (for fear of criticism I use this term instead of silver fillings) should be polished, and I am certain that you would not consider it good dentistry if the filling material was not contoured to approximate

the original tooth anatomy with some consideration for the bite.

Regarding the classification, this is a matter of opinion, always depending upon the correctness with which the models are placed together to represent the actual conditions as existing in the mouth. "Never has Dr. Lieberthal made a greater mistake than he did when he called this man a 'hard-working dentist.'" There are no evidences in that girl's mouth of any hard-working dentist ever having seen her. There is every evidence, and the results speak for themselves, that her dentist had been incompetent to the nth degree. Imagine, if you can, any dentist, who knew the very first thing about dentistry, letting her go on indefinitely with that gross irregularity staring him in the face. Except for the classification, the authorship of which I believe belonged to Dr. Kells, we seem to agree on the above quotation, and can you imagine my surprise when reading the Dr. Brown diagnosis as quoted by Dr. Kells the tooth irregularity was made light of, in that by simply extracting a couple of teeth, Nature would *probably* do the rest.

"When her father asked Dr. Lieberthal if this mal-occlusion had developed within the past three months, Dr. Lieberthal did not answer him, but he could have safely said it undoubtedly began with the premature loss of the deciduous molars—that is, probably when she was eight, nine or possibly

ten years of age." Indeed, it is my practice to avoid whenever possible discussing with my patients the poor judgment which might have been used by a fellow practitioner. To answer the question as suggested above would have I am sure, placed me in just such a position, greatly antagonizing the father against the dentist who took care of the little girl's teeth over a period of years. I may be wrong in following this procedure, but I believe it is unfortunate enough for both the patient and dentist when poor judgment has been displayed, and the less said about it the better.

After reading Dr. Kells' criticism of the study models and skiagraphs I at once decided that I too would consult with an orthodontist and chose no less a man than Dr. Victor Hugo Jackson who needs no introduction.

I asked Dr. Jackson if I had used what he thought to be good judgment in this case. Dr. Jackson's reply was, "Radiograms are important in this case to determine the curvature of the roots of the lower impact bicuspids, and the position of the unerupted third molars. The study models serve for the purpose of measurements as to the amount of expansion necessary in order to make room for the erupting teeth." So much for that.

As to the hypothesis of the Dr. Brown story, I would rather not treat this subject at all, for possibilities can be evolved

around any subject matter, be it right or wrong.

As to carrying out the teachings of some of our best known men, "and unfortunately the opinions of these men carry weight, which shouldn't be the case." I must take issue with this statement; firstly, Dr. Kells himself, is one of our best known dentists, and surely the work known as "The Dentist's Own Book" offers a number of very good suggestions and teachings if applied with good judgment where indicated.

Would it not then be better to say that unfortunately we cannot all be blessed with the faculty of possessing what would be universally good judgment? All men would have to think alike were this to be a fact. Again I take issue with Dr. Kells' classification that I firmly believe it is a question of JUDGMENT AS APPLIED TO INDIVIDUAL CASES RATHER THAN TECHNIQUES EMPLOYED.

Any dentist who will cut into a perfectly sound and healthy tooth for the purpose of restoring a missing neighbor, I, too, believe is using poor judgment. A pin-hole cavity, be it anterior or posterior tooth, does not call for an inlay, and I fail to recall that any of our best-known teachers advocate the ruthless destruction* of tooth structure for the purpose of accommodating an inlay. I do believe that where we find a cavity however small on the buccal surface of a first molar, and in the same tooth we also find cavities inter-

proximally, mesially and distally and several pin-holes on the occlusal surface, that if all the decay or involved portion be removed that an inlay might be one of the techniques employed to restore such a tooth for a successful sojourn through life, of course again admitting that a poorly constructed inlay is no better than a poorly inserted plastic filling.

Dr. Kells, have you not seen gold foil fillings improperly condensed, sponge-like in consistency, also gold fillings of fifteen or twenty, yes, twenty-five years standing just as good as the day when they were first inserted; would you say that because of the inability or carelessness of the man who inserted the improperly condensed gold foil filling that such a form of restoration or filling material is not fit to be used? Of course you would not, you would simply feel sorry for both patient and dentist. Gold foil plays a very important part in my practice; small cavities find me using mallet and plugger with great satisfaction.

"An effort to point out the place gold foil should occupy in modern dental practice" was the topic of a paper by Dr. James Prime of Omaha whom I had the pleasure of hearing. Dr. Prime is a 100 per cent gold foil enthusiast and rightly so—as is any man who masters the art of gold foil filling, and he does, and who will say, "Mind you, where decay has attached a posterior tooth where an M.O.D.

preparation is required I often use the inlay except in cases where the patient is temperamentally a fit subject for gold foil operations of long endurance." So again it bespeaks judgment rather than technique.

In conclusion I do not believe it necessary to apologize for the gold inlay and until such time as the question of what is good judgment as applied to individual cases can be standardized, criticism will go on, justly or unjustly, of methods and techniques as generally employed.

Dr. Kells' Reply

Brother Lieberthal has kindly sent me a copy of this paper. I am perfectly willing to rest the case "as is", and not prolong the discussion indefinitely, with one exception.

".....the tooth irregularity was made light of" is the only sentence that I care to criticize, because I think that statement is an *error of*

fact, and not a question of "judgment."

The words I used are: "It is a very ordinary case of malocclusion, but I can tell you right now that if you don't get into the right kind of hands for the work, you never will get a good result, and that's dead sure."

From these words, I would expect my readers to believe that the malocclusion was not "taken lightly" because I considered that only a good orthodontist would succeed in obtaining a good result.

Just one point more. I have known Dr. Jackson for thirty years or more and I hope I can place him among the best of my friends. All I learned about regulating teeth in "those early days," I learned from his kindly self.

No one stands higher in the dental profession than does Dr. Jackson. If Brother Jackson will kindly write me just how much he learned *from that set of radiograms* about the "curvature of the roots of the lower impact bicuspid," and just how much he learned of the position of the unerupted third molars, I certainly will be exceedingly grateful—that I will.—C. EDMUND KELLS, D. D. S.



Pages from the Diary of Samuel Pepys, Jr., D.D.S.



THIS month the big tent goes up in the town where one day I spent a week.

The city of Philadelphia, located one hour away from Atlantic City over the new bridge, will entertain the International Dental Congress—probably the biggest dental show of its kind ever held.

About twenty years ago they held this show in St. Louis during the World's Fair there and, believe me, I was the big yap when I hit that burg.

We had a room in a hotel across the street from the Exposition Building which housed the show. That made it handy for us to carry our samples across the street and put them in our grips.

I had more samples than I could get in my grip so I began handing them out to the maids which made me a very popular guy around that hotel.

It certainly was a swell show and you could talk to all kinds of fellows from the other side. There was one big European who

showed me how to mix amalgam without getting it all over my wedding ring.

Another fellow named Aguilar, from Spain, put me hep to something I just don't remember now—but we wound up the night on the Pike, which greatly resembled the Chicago Midway. Then another fellow and I bought a lot of wine for a couple of blonde ladies who said they were daughters of dentists.

But we learned later that they were just physicians' daughters.

Well, we had a great time in St. Louis and if Philadelphia can come through, forgetting that they have about sixteen dental societies and forgetting the belief that dentistry originated in their town, a big show is in store for us.

All of us took in the next show which was staged ten years after the St. Louis Congress, in London.

We did not get more than settled when the thing blew up.

The Kaiser said that he would shoot up all the dental work so we figured there was no use holding such a

big meeting, and it was hot-foot for home!

We had to wait two weeks to get a boat out of England. In the meantime we roamed over Ireland and Scotland and I guess we discovered the best brands on the Island.

Our next session, in Philadelphia, may be a calamity if Paul Revere rides his white horse down to Independence Hall and makes a claim that Boston excels Philadelphia as a dental city.

You know in the old bean town they claim Paul was a dentist and a silversmith. Some one around Philadelphia may put in a counter claim about George Washington's ivory teeth and hold that the profession of that city made this nation possible.

Philadelphia is readily located. It's only two hours from New York, on the righthand side of the track as you go through.

We know that the Sesqui-Centennial Exposition is going to be a big affair but the International Dental Congress may show up the Exposition, at that.

There is no use picking on a town like Philadelphia when it's down — however, they have a good assortment of hotels over there at all kinds of prices and we won't be as hot there as we

were the first few days in Louisville.

Then, too, it's easy to go to Atlantic City and cool off after the day's session is over.

The Philadelphia crowd may surprise us all, showing a great contrast with New York in which village all they do is try to sell you something.

I think the bunch from that state will be busy on the national delegates when the election is thrown on the floor as should have been done but was not done at the Cleveland meeting.

Old man Wheeler is no dub and is a very sincere worker who has accomplished much for dentistry in New York. He is sitting pretty for the job. I see no reason why he should not be the man to hold the reins as he is in the center of that dental section over there and the Jersey fellows should have a look in as they were promised some recognition, the present incumbent having promised to step down, rather than standing for re-election.

The propaganda started around New York — the harping about Otto King, continually finding fault with what Otto does. Talk about laying 'em cold when they talk to me: I don't

mince words but go to the mat with them.

"What's your object?" Answer, some petty gossip that doesn't amount to anything. After I listen to that line I say "show me where we can get a better man for the job" and they can't come through with the information.

I think this sort of small-town talk coming from that big state should be stopped at its source. They are just as good in New York as any other town but the weakling who has been told a lot of the small-town talk listens in, grabs hook, line and sinker and all without analyzing the thing that has been told him—that some one had been obliged to take an office that was not properly functioning and put it on a good basis from which sound foundation someone with small motives would like to topple it over just to justify a personal grudge; it shouldn't be allowed.

I like a square-shooter and if you expect to make the grade, you can't do it by tipping over a good machine and substituting a poor one.

When a lad, on Saturday after school work was over for the week, a crowd of us would, on rare occasions, ramble in the neighborhood of the slum district where

the variety shows were located, as it was quite a change from uptown. There was a museum located in this district and a sign reading "For Men Only" and no minors were admitted. The door-keeper would not admit us and our curiosity was naturally aroused, but the door-keeper was alert and we could not go very far until we were ordered out.

Curiosity is probably one of the greatest evils of youth but later with our long pants we gained admission, although we were not of age. There were on exhibition all kinds of freak animal specimens, a wax figure of a man in a prison cell and wax figures of various conditions. In a corner room was an exhibit of all the diseases that will infect those who sin. It was not what we expected to see, but it was a horrible exhibit and enough to frighten one temporarily.

In later years when more matured and attending dental college, I happened by one of these museums and stepped in. I looked like a village cut-up at that time; you know how a student makes his clothes stretch over a long period.

I was given a special invitation by the attendant to see the wax exhibits in a special room and there I

found an exhibit similar to the one I saw in my home town. By this time I had learned from my teacher of anatomy that these museums were especially designed to catch the unfortunate victim who was diseased and their motive was to scare him to death, relieve him of all of his finances, and then only give him a treatment that was supervised by a medical man of no standing, whose only motive was to fleece the unfortunate victim.

Years have passed and likewise the memory of such a place until I stopped to listen to one of the clinicians at the——meeting. First of all he had the front of one of those men in the museum—you know a lot of gall or brass as it is often called and a slick tongue with a line of chatter given off like a parrot. I looked at the show and was handed a wax model with a growth upon the tongue. I never saw anything like it except in a clinic, as I don't encounter such conditions in my practice, as usually intelligent patients will not let such a condition progress to the state that exhibit A showed. I was told all about oral surgeons then and how good they are at the famous clinic at——where you go in on a stretcher and come out on

roller skates after you have had a dental diagnosis (a pet expression of one of our noted clinicians.)

Then I was shown a lot of other specimens that looked as if they were made of wax, but was told that they were carved out of soap—and how the artistic eye must suffer! I hope never to see such stuff again, as I rolled all night with those horrible specimens before me and I trust in the future the committee will refrain from such stuff. Jaws were chopped open on the side to get out a simple tooth that had a sac around the root and the importance of such an operation was told me by the clinician who must have taken me for a come-along and tried to sell me the idea.

He informed me that a Jap artist carved the stuff. He may be artistic but he never saw the inside of an art school or gallery and did not know his anatomy. Then I was given to understand that it was the only technic that should be used, and the operation originated at this wonderful clinic. My, what are we coming to? If anyone ever steers me up against another carved wax or soap show I hope it will be done so that one is not shocked.

We certainly have had about enough abuse thrust

upon us and our work. I would like to take the fillings and dentures out of the mouths of a lot of individuals who are always decrying the abuses of dental work and ask them and their families to go without it.

When Taggart gave us the gold inlay he revolutionized our present practice and the many modifications that have since been presented show the progress made. The large number of inlay clinics given at this meeting were beyond description. At almost every other table there was some sort of a casting clinic and not once as I meandered from clinic to clinic did I hear a clinician mention Taggart's name.

Now, I have sense of pride in my beloved profession and expect to spend the rest of my days at the chair, as I would not know what else to do, but it hurt me to see so many beautiful demonstrations and no one with the bigness of heart to say, "Well, we have to hand it to Bill, as he made this all possible."

It don't cost anything to do that. It doesn't lower you in the estimation of those who are interested in your work, but tends to raise your standard with those who listen when you broadcast your stuff. This same thing holds good in all of

our clinic work that is being demonstrated, and, unless you are the creator of the work you are showing, for God's sake keep in mind that someone sweat blood on the problems you are propounding and he deserves some credit.

What next? Foci of infection has had its siege as has the diet question and I'm wondering what the next issue is going to be.

At this time the big show at Philadelphia is, I believe, the most important thing for dentistry to be thinking about.

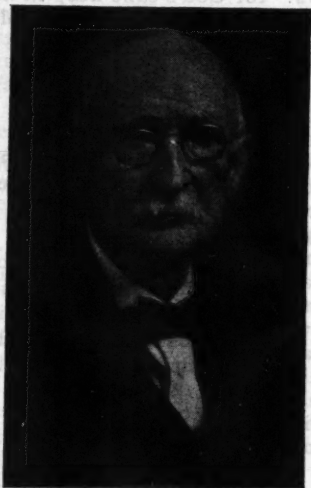
We are all on trial at Philadelphia in clinicing and lecturing for those attending the meeting from abroad.

Now don't stand around like a rummy when you would like to query someone with a line of information which you'd like to know more about.

Ask questions!

Go up and ask them. You will find that the fellow who has the stuff is usually a he-man and delighted to answer your questions. In fact you compliment him when you do so and, at this big meeting, you will help make those coming from foreign lands feel that their stuff is good.

ORAL HYGIENE



Dr. George Fisk Platt

ORAL HYGIENE has started a country-wide search for old-timers in the dental profession.



ORAL HYGIENE has started a country-wide search for old timers in the dental profession.

The first to be presented is DR. GEORGE FISK PLATT of Chambersburg, Pennsylvania.

Dr. Platt began the study of dentistry in New Haven, Conn., during the spring of 1858 and in the fall of the same year attended the medical department at Yale.

At that time the dental colleges required only two years and accepted the first year at a

medical college instead of the dental. Dr. Platt entered the Pennsylvania College of Dental Surgery in the fall of 1859 and graduated the following February.

So far as he knows he was the second man to go from Connecticut to a dental college. Dr. J. L. Snesserott, one of the professors, was practicing medicine and dentistry in Chambersburg and invited Dr. George Platt to go there to do the dental work thus allowing Dr. Snesserott to devote most of his time to his medical practice.

Old-Timers Series

In 1862 Dr. Platt enlisted as a private in a nine-months regiment but was later promoted becoming acting adjutant of the regiment.

In 1866, some little time after Dr. Colton had opened an office in Philadelphia for the use of nitrous oxide gas for the painless extraction of teeth, Dr. Snesserott and Dr. Platt concluded it would be wise to experiment with it.

"I went to Dr. S. S. White for an apparatus," says Dr. Platt, "but he had none for the reason that if he sold any and fatalities resulted, he would be subject to censure. I butted into Dr. Colton's office and saw on the floor a large rubber bag which had been inflated.

"In a few minutes a young man came in to have a tooth extracted. They drew gas into a smaller bag, gave him the gas

and extracted his tooth—without pain, so he said.

"I saw Dr. Flagg who sometimes visited his friend Dr. Sill, practicing in Pittsburgh, and Dr. Flagg also used the gas. He described the apparatus used by Dr. Sill. I bought rubber bags, tubing, etc., and went home.

"After many tribulations I secured some gas which Dr. Snesserott and I administered to two men who had been waiting some time for it. I later had a gasometer made, holding about 70 gallons which I continued to use for more than forty years, generating all the gas I used—and I never had a fatal case, for which profound thanks to the Giver of all good!"

Dr. Platt celebrated his 91st birthday on April 10th and is still a close reader of ORAL HYGIENE.



**AMERICAN DENTAL ASSOCIATION
SIXTY-EIGHTH ANNUAL
SESSION**

PHILADELPHIA, PA., AUG. 21-27, 1926

OFFICIAL CALL

*To the Officers, Members and Constituent Societies of
the American Dental Association:*

You are hereby notified that the Sixty-Eighth Annual Session of the American Dental Association will be held at Philadelphia, Pa., Aug. 21 to 27, 1926.

The House of Delegates will convene at 10 o'clock in the forenoon and 2 o'clock in the afternoon, Saturday, Aug. 21, 1926, in the Bellevue-Stratford Hotel, Philadelphia, Pa.

The third and fourth meetings of the House of Delegates will be held in the same hotel, Monday, Aug. 23, 1926, at 3 p. m., and Tuesday, Aug. 24, 1926, at 3 p. m.

The Registration Department will be open from 9 a. m. until 5 p. m., Saturday, Aug. 21, 1926, and from 3 to 4 p. m., Monday, Aug. 23, 1926, and Tuesday, Aug. 24, 1926, at the Bellevue-Stratford Hotel, Philadelphia, Pa.

The Constituent Societies are hereby notified to file with the General Secretary of this Association, at his office, 58 E. Washington St., Chicago, Ill., at least thirty (30) days prior to the first day of said Annual Sessions, a list of the names and addresses of their delegates and alternates to said House of Delegates.

The general meeting of the American Dental Association, the meetings of the various sections and the clinics, will be merged in those of the Seventh International Dental Congress, to be held at Philadelphia, Pa., beginning Aug. 23, 1926, at 10 a. m., and continuing through Aug. 27, 1926.

SHEPPARD W. FOSTER, President.

OTTO U. KING, General Secretary.



Where Shall We Begin?

By B. KOVNAT, D.D.S., New York City

Dentist to Bowling Green Health Centre



OMEHOW an idea has become implanted in the general mind, that medical science is concerned chiefly with the curing of a diseased condition. Perhaps this has come about by the public's contact with the doctor, coming to him only as a patient.

Yet the eradicating of the disease is only incidental to the greater problem of conservation of health, and this lies chiefly, not in combating the ravages of human ailments, but in the elimination of sources. To cure one of a disease, and to leave the social, sanitary or some other kind of condition which gives the same disease to another, certainly leaves us no better for having cured the first one. It is thus plainly seen that "prevention, rather than cure" should become the logical slogan in this struggle for human health—the greatest concentrated campaign of all times.

As a concrete example, the strides made in recent years in the reduction of the numbers who succumb to tuberculosis is attributable largely if not wholly to preventive methods so energetically and ably carried on by the various societies for the prevention of tuberculosis. And we can never take similar steps

in the reducing of cardiac disturbances, cancer, diabetes, Bright's disease, social diseases, etc., until proper information as to what the probable causes are is likewise imparted to the public. And is it with this that the medical profession is chiefly concerned.

The dental profession also is doing today exactly what medicine has recognized as the essential factor in combating disease. That is, they are seeking to prevent the incipency of dental complaints, rather than treat a diseased or distorted condition. Upon the surface it would appear to be an easy task—one which could be solved by simply diffusing a general knowledge of oral hygiene. But with this question of instructing the public in the importance of this phase of personal cleanliness comes the question of where shall we begin?

Shall we tell the public to brush their teeth daily and that all their dental troubles will then be over, or shall we start with the school child, or with the pre-school child, or shall we go a step still further and begin with the babe yet unborn?

We cannot begin with a general propaganda on the necessity for brushing the teeth, as the public already knows, believes,

and practices, the doctrine of daily cleansing, in the firm belief that will eliminate all but a minimum of disorder.

Yet, unfortunately, the dentist knows in spite of years of constant brushing that there will often be found decayed teeth, whereas in other cases there are those who never apply a brush to their teeth and who apparently have good teeth. The rapidity with which teeth decay depends largely upon the hardness of the teeth, and an adult earnestly cleaning his molars half a dozen times a day, would not prevent trouble arising from the weakened gums and jaws of a neglected childhood.

Then should we begin with the school child in this training? There are many reasons why the school child's teeth should certainly not be allowed to become diseased. Poor teeth are a principal factor in retarded general physical and mental development.

Professor W. A. Sutton, Superintendent of Public Schools of Atlanta, tells us that he was able to correct the deficiencies of a number of children for whom the teachers had abandoned all hope for successful grades. He did it in a most unique, but enlightened manner. Of every teacher in an eighteen-classroom school, he requested the poorest student in the class, "the one that has almost no chance to pass." By special arrangement the eighteen children were sent to various dentists in Atlanta. Nothing was said to the teachers. At the end of the term, of

the eighteen boys and girls, every child passed but one, and that one failed in but a single subject.

Simply by removing infected, unerupted, impacted teeth the efficiency of each of these children was improved. However, we are still far from our goal of prevention—rather—than cure, as even the treatment of the child's teeth is only correcting a malcondition which already existed. If we inspected and corrected every school-child's teeth in America (as commendable and as resultful as this would be, we would still have other children growing and presenting the identical condition, as we have not yet reached the first source of dental trouble. Indeed, as much good as earnestly repairing each child's tooth would create, the improvement to a large extent would only be of temporary duration. Since the texture of the teeth is of a soft nature, lacking the proper amount of salts to give it the necessary hardness, we therefore find that, though the abscessed or decayed baby teeth are treated or removed, when these are superseded by the eruption of the permanent molars, we find the "cure" was not a cure after all—the second set presenting the same condition.

This leads us to only one conclusion: we must go a step further and start with the tooth long before there even is a child. There is certain instruction with which all who even hope to be parents of the next generation should be made acquainted.

Then, when the child is on the way, the mother must be told how it lies within her power to place good teeth in the head of her offspring. The expectant mother must understand the proper diet for her during the period of gestation. In this connection, the physician and the dentist should work hand in hand in the interest of the child, having from the beginning, a chance for health. The physician is in a position to see the patient many months before her child is born and must emphasize the importance of the food which will build, among other things, strong teeth.

The best type of food during this period, as recommended by Lucy H. Gillet, Nutrition Bureau, New York Association for Improving the condition of the Poor, would be as follows:

Milk—1 qt. (buttermilk may be used, if one likes.)

Bread and Cereals—Whole grain cereals, such as whole wheat bread, oatmeal and wheatena; bran is good, too.

Vegetables—Eat two vegetables every day. One of these vegetables had better be potatoes. For the second one eat a leafy vegetable two or three times a week; lettuce, cabbage, cauliflower (eat leaves). On the other 3 or 4 days; spinach, string beans, asparagus, beet greens, and any other green vegetable in season. Do not eat any vegetables that cause distress.

Fruit—Any fresh fruit 2 or 3 times a week. Every day if possible. Stewed dried fruit every other day.

Meat, Fish—Only one of these each day, and only a small amount of that one.

Cheese, Eggs—Reduce these foods to even less at 5th and 6th months if necessary.

Beans, Peas, Lentils—Do not eat pork and veal.

Fats — Any fat in moderate amounts. (Do not eat fried food.)

As to amount of food the expectant mother should eat during her pregnancy:

1. During the first four months of pregnancy, eat the usual amount of food.

2. At the beginning of the 5th month, eat a little more food.

3. During the last 2 or 3 months eat 4 or 5 smaller meals instead of 3 hearty meals.

4. Eat less during the last month.

5. After the 6th month eat chiefly milk, green vegetables, and fruit.

These foods should be included in the diet, at least until the nursing period is over.

As the child forms its habits of eating which it usually acquires from the mother, it is well that the mother understand what is best to instruct the child. For instance, a child if never persuaded at the beginning to eat breakfast food with sugar, will develop a taste for it without sugar, and be the better for it, so far as the teeth are concerned.

Don't misunderstand me. Not that a body does not need sugar at times, but there are many cases of decayed teeth attributable to that early exaggerated craving for sugar which many mothers are instrumental in creating in their children. It is cases like these where proper training for motherhood is important in creating healthy teeth.

Aside from proper diet for nutrition's sake, the mother as well as the mother-to-be must be advised to visit a dentist almost monthly and have her

teeth thoroughly examined, in order that there may be no lurking abscesses sending focal infection to all parts of the body, affecting the system of the mother and of the child.

I was recently called into a prenatal clinic to examine the teeth of expectant mothers, and to my astonishment, I found that 98 per cent of them had badly infected teeth. Think of that! Chronic abscesses and putrescent teeth, which, in spite of the wholesome foods, containing natural sugars, minerals and vitamins could simply do nothing but destroy the potency of this strength by poisoning the otherwise pure food which

should go to build the child.

Thus with the unborn child we have the beginning for the application of the doctrine "prevention-rather-than-cure" to the dental profession. Of course training in the care of teeth throughout childhood, as well as constant admonitions to the adult can never be neglected, but all of this will never give permanent results until we start at the beginning and eliminate the *primary* sources.

Then, perhaps, we may be able to relegate the toothache to the category of smallpox and other ailments of bye-gone ages—through the process of prevention-rather-than-cure.

"You Give Both Sides," says Dr. Hess, of
the Oklahoma State Board

Editor ORAL HYGIENE:

I have never before acknowledged receipt of your magazine and want to do so now. It is a welcome magazine each month and I want to congratulate you on your articles, the manner in which you present them and the nature of the articles. Continue your articles on reciprocity; they are good. You give both sides.

Yours very truly,

CHAS. A. HESS, D.D.S.

Idabel, Okla.





Some Comments on "Selection of Teeth for the Edentulous"

By J. DONALD PEEBLES, D.D.S., Titusville, Pa.



HE April issue of ORAL HYGIENE contained a most interesting article on "The Selection of Teeth for the Edentulous"—and had not Dr. Savage omitted one shade, in his revision of the Twentieth Century shade guide—this contribution would never have been provoked. The shade I am defending is number 15.

I am going to approach the subject very unscientifically—perhaps, for instead of choosing theoretically the shade that is indicated for the edentulous patient—we will take inventory of the shades, now at our disposal, that simulate, in the mouth, natural tooth structure, and determine which of these is most suitable for the patient.

My observation has been that shade 15 is the only shade on the guide, that even in a small way, resembles a natural tooth—and it has come to the point that I have a certain satisfaction, when constructing dentures, with teeth this shade, in knowing that when completed there will be at least a chance of obtaining that elusive result—

so much desired. Therefore number 15 is my first choice. We are, of course, assuming that the edentulous patient is a normal edentulous patient, about forty or fifty years of age. If decidedly younger, I might be tempted to use shade 6—or if much older—shade 22. And now you have probably realized that I have been dodging yellow as much as possible.

For several years, I availed myself of practically every shade on the guide, above 5, for edentulous cases—attempting to select a shade suitable for the patient. Slowly it dawned upon me that whenever I used a shade predominately yellow, such as 8 or 20—no matter how the teeth were arranged, or adorned with fillings—it was evident that even the most casual observer could detect the presence of artificiality. For some reason or other, the yellow tooth could not and would not take on a natural appearance.

I then began working on the idea of eliminating unnatural materials—and adapting the best available to my patients—highly unscientific, I admit again, but

rather logical, for, after all, the thing I really desired was dentures that would escape detection. This, I learned, was best accomplished by careful imitation of the patient's natural denture—and my best results have been obtained by using teeth of decidedly contrasting shades—for a careful examination of the teeth of an average adult will reveal many shades instead of one. Not so long ago—I had a case in which the following shades were found in the upper anteriors: left central incisor 21, right central incisor 15, right lateral incisors 14—all vital teeth. The remaining anterior teeth were devitalized or crowned, so their shade is not given.

To digress a moment—the moulds for this case were central incisors I-N, lateral incisors 5-E, cuspids I-W—so you must stagger moulds as well as shades for the proper esthetic effect. Another case called for left cen-

tral incisor 17, right central incisor 16, right lateral incisor 11, cuspid 16. In cases where the patient's natural teeth are not available I often use a combination such as centrals 6, laterals 11, cuspids 14, posteriors 17.

In the fact of these decided contrasts in shade, found in the majority of adults, I am tempted to doubt the practicability of choosing the shade from the complexion or color of the eyes.

And now for my revision of the Twentieth Century shade guide! Of course, when constructing a partial denture—the twenty-five available shades often seem to be insufficient—but for the edentulous shade guide—first, I'd remove shades 1, 2, 3, 4, 5, 7, 9, 10, 12, 18, 19, 23, 24 and 25 and put them where I could find them, if necessary; second, I'd remove shades 8 and 20 and put them where I never could find them—but as for 15—well, I've said too much about that now.

Broadcasting for Time-Savers

There will be a clinic on time-savers at the Seventh International Dental Congress at Philadelphia, August 21st to August 27th.

Your pet time-saver will help others and others will help you. Address Station R. A. C., Plant Bldg., New London, Conn.

Washington, D. C., (*Associated Press*)—Senator Shipstead, of Minnesota, has been designated by President Coolidge to represent the Government at the International Dental Congress to be held in Philadelphia, August 23-28.



Breaking Blood Vessels

By C. EDMUND KELLS, D.D.S., New Orleans, La.

"Writing for the journals is a great game if one doesn't weaken. What secerets it does wring out of one's innermost soul!" says Dr. Kells.



HERE are a lot of fellows who'd rather "break a blood vessel" than acknowledge that they had awakened to the fact that some favorite *method* of theirs, or some material upon which they had pinned their faith, must go into the discard and give way to something else. Gosh! it certainly does go hard to do this. How do I know it? Just because I'm one of these fellows myself:

For years I wrote and *talked phenol* for putrescent pulps. Phenol and nothing-but phenol. Now when using phenol in the mouth, one has to be mighty careful because it is *wicked* stuff and will play havoc with the gums or lip (if it touches them) just as it does with the putrescent pulp.

Whenever the dam can be used, one can afford to be a little reckless with the use of phenol, but very often (in my hands) I want to fill pulpless

teeth upon which I can not place the dam.

Then, under such circumstances, to be perfectly truthful, I have at times gotten a little phenol *where it wasn't needed*, and it played the devil.

As a matter of fact, whenever I call for phenol, the assistant puts out two bottles, the one marked *phenol*, the other *alcohol*, because she knows that I may get a little phenol upon the lip or gum when I would be sending out an SOS call for the alcohol. So she puts the two bottles alongside of each other and then no SOS calls are needed.

The moment a little white spot is noticed on the lip or gum, bang goes an alcohol soaked pludget of cotton on it and that stops the trouble if one is quick enough.

Now I hope you won't believe that I am such a rotten operator that I use as much alcohol as I do phenol, because honest, I don't, though I'll ad-

mit that, as this reads, it really does look as though I do.

But now to the point I am driving at. One day I had a tooth in such a fix that I was just afraid to use phenol. I really was, so I just thought I'd try the Morson's kreosote, which does not eschar, you must know.

Well, I used the kreosote and I got a good result. Then soon after that I had recourse to the kreosote, and again a good result. By *good result* I mean that the patient didn't ring me up in the middle of the night, and use quite strong language. No postoperative pain followed these operations.

Then I wrote to the importers of the Morson's kreosote to learn just how this product compared with phenol as far as its germicidal properties were concerned, and they couldn't tell me. Other inquiries were equally as unsatisfactory. No one, to whom I applied, could tell me anything about it.

Finally I went to a bacteriologist and arranged for him to make the necessary tests for me, and I was surprised to learn that it was just one and a half times as potent as phenol.

Then I went a step farther. You know, I have never claimed to be in the class with some of our friends who never have any postoperative pain follow root-canal work, but quite the contrary. I do have trouble occasionally.

Well, upon learning of the efficiency of kreosote and appreciating the value of its harmless-

ness to the tissues, I changed over from phenol to it exclusively, and guess what? Well, I do believe that I now have less postoperative pain than I have had with phenol.

So there you are, phenol, phenol for forty years, and here at this last moment I have to say that I believe the kreosote—Morson's—is the best ever! I certainly am glad that my arterial coats are strong enough to withstand the strain.

And now another "tale of woe." I have always prided myself upon my clean surgery, by which it was not often necessary to use any *anti-pain dressings*.

Given a nice clean wound and the blood clot is the only best dressing to use. That was my constant refrain. Yet, at the same time, I never once said that I never did get postoperative pain, and don't forget that. All I said was that I *shouldn't get it*.

But what did really happen? What really did happen was this: The large majority of my people did not suffer, while a small minority did suffer.

Of course when a case belonging to this minority class came along, then I'd have to have recourse to dentalone, novesthol, and "things like that."

Then every time such a case did happen, I'd say to myself, "Gosh! but I wish I had used this yesterday!" So right now I'm in this frame of mind: Shall I stick to my pride and never use a dressing until the patient

has suffered for twenty-four hours, or shall I just acknowledge the error of my ways, and put unnecessary dressings in nineteen consecutive cases, just because in the twentieth case it will happen to be necessary, and will save that patient some suffering? That's the question in my mind tonight and must be answered the next time I have a *bad* case of extraction, because, of course, I am not talking of *simple* extractions, but only of cases where I treat my patients *mightily rough*!

And here's where I get off, because I am sure my readers will know what I will do in the future.

One thing more. By "dressing," I mean this: After all is

completed, the region is walled off with cotton rolls or gauze if necessary, the *ball tip* is connected to the suction machine, and the socket is emptied of its fluid contents. With a Sausser irrigator, the empty socket is filled with dentalone, and then one *very small piece* of sterile gauze is dipped in dentalone and placed lightly in the socket. (Sometimes novesthol is used instead.) By thus aspirating the socket, I obtain the full benefit of the agent used.

Oh! I'll tell the world that writing for the journals is a great game if one doesn't weaken. What secrets it does wring out of one's innermost soul!

Dr. Merritt on the Air

Dr. Arthur H. Merritt of New York will broadcast over WEAf at 7:45 p. m., August 21 on "Pyorrhea, What it is and How it Can be Cured." This talk will be given in conjunction with the meeting of the American Academy of Periodontology to be held at the Commodore Hotel, New York, on August the 20th and 21st.

Examiners to Meet

Dear Doctor McGee:

Will you kindly have inserted in the July and August edition of ORAL HYGIENE, the following notice: The National Association of Dental Examiners will meet in Philadelphia, Pa., Saturday, August 21st. The members of the different state boards are urged to be present, as matters of very great importance are to be considered at this meeting.

Thanking you in advance for this courtesy, I remain,

Very sincerely yours,

T. A. HOGAN,

Chairman, Publicity Committee.

Editorials

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of ORAL HYGIENE, Pittsburgh, Pennsylvania.

The Elimination of Dentistry

IF the oral hygiene movement and preventive dentistry were ever to become one hundred per cent, naturally the question would arise, "What is to become of all the dentists who spend their lives repairing the ravages of dental diseases?"

Well, in the first place, considering such a thing possible, nearly all of them would be busily occupied in attempting to put over the prophylactic campaigns. But as we have not yet learned any way absolutely to prevent caries and if we did know how, we could not force the public to accept our knowledge, consequently the desire for reparative dentistry would still exist.

In medicine, great hygienic movements have been productive of more health and

longer lives. Formerly the practice of medicine was medicine to the nth degree, with very little surgery, but as the knowledge of disease prevention grew, patients were preserved from the old infections and inflammations, so that they might live long enough to want surgical operations performed and now the work goes merrily on, with the surgeon instead of the physician doing most of the work in the hospitals.

And so it will be with the dentists. Certain phases of the recognized efforts of the dentist will gradually be eliminated through the discovery of means of prevention of dental diseases, but that very elimination will develop other work to be done, and so whatever portion of the public accepts oral hygiene in the hope that eventually there will be no dentists, is going to get fooled.

So far as we are able to see, they are with us to the end of time.

A New Principle in Sterilizers



UT in Hollywood, Dr. George M. Hollenback became convinced some years ago that the methods and materials for sterilization were not so satisfactory as they might be. Some were of simple and some of intricate design,

but something was always left undone, apparently, in getting rid of micro-organisms. Particularly was this so in the sterilization of handpieces of the various designs, both automatic mallets and many other of the more complicated mechanisms. Of course instruments can be boiled or placed in an autoclave, but by so doing there is liable to be corrosion, and cutting edges in many instances were either badly injured or distempered. The temper of steel instruments, especially where there was a slip-shank, was particularly disturbed. This led to the use of many chemical agents, such as formaldehyde, lysol, alcohol, phenol, etc., which were sometimes of doubtful efficiency.

Among intelligent people there often was a question as to whether or not asepsis was properly carried out in offices. It is true that in many instances there was not a great deal of attention paid to asepsis, and it is fortunate that infection does not invariably follow exposure to bacteria. But it is also true that every operator would feel much better satisfied if he were sure that every instrument he used was perfectly sterile when applied to the patient.

Some six years ago, Dr. Hollenback began by building small autoclaves of simple design, of automatic electric control. He thought

perhaps he could combine some chemical agent with water which, when used would render the steam generated less corrosive. This was a failure. Autoclaving was found to be worse than boiling. He then decided that a different principle must be used, and so he tried vaporizing a volatile germicide by means of heat, and pressure of the vapor to secure penetration. A simple experiment apparatus consisting of a small metal case which could be hermetically sealed and which contained the volatile agent and a bacterial culture was then heated by immersing in boiling water. This apparatus was tested with a number of the volatile agents, most of which were very good germicides when used under these conditions, but of course their application to instruments was not practical.

Eventually he found that ethyl alcohol, combined with formalin, filled every requirement, it being very germicidal and non-corrosive. Its only objection was the odor of the formalin.

He then constructed a model of autoclave to be heated by gas to a temperature of 212 degrees. It contained a sterilizing chamber which could be hermetically sealed, and also a means for injecting a pre-determined amount of the alcohol-formalin into the chamber, and vaporizing immediately by the

head, thus producing pressure. Most gratifying results were obtained. All kinds of instruments were sterilized without the slightest injury. The principal object in view in designing this sterilizer was of course efficiency. On this model, however, the automatic control and ease of operation were not combined.

The next model was electrically heated and provided with an automatic control, so that it might be operated indefinitely without attention. This model was very successful, and is still in use.

From that time to the present there has been a constant evolution in the ideas of construction, some eight different models having gone by the board. The present one has been reduced to the utmost simplicity, is ruggedly constructed, easy to control, and is in every way satisfactory. Bacteriological tests prove this device to be very efficient, anthrax spores under very difficult conditions being killed, and ordinary pyogenic organisms in one minute. The instrument may be sterilized quickly and without injury.

The following bacteriological report is of interest, showing how far Dr. Hollenback has progressed with his new idea in sterilization:

Anthrax spores—12 observations—killed in from

5 to 8 minutes at 10 pounds pressure, with a charge of 2% formaldehyde in 95% alcohol.

Anthrax spores—3 observations—killed in 3 minutes at 15 pounds pressure, with a charge of 2% formaldehyde in 95% alcohol.

Anthrax spores—12 observations—killed in from 8 to 10 minutes at 10 pounds pressure, with a charge of 95% alcohol.

Anthrax spores—3 observations—killed in 3 minutes at 15 pounds pressure, with a charge of 2% formaldehyde in 95% alcohol.

Anthrax spores—3 observations—killed in 5 minutes at 15 pounds pressure, with a charge of 2% formaldehyde in 95% alcohol.

Anthrax spores—3 observations—killed in 5 minutes at 15 pounds pressure, with a charge of 95% alcohol.

Streptococci and staphylococci—1 observation each—killed in 1 minute or less at 10 pounds pressure, with a charge of 2% formaldehyde in 95% alcohol.

New Members

IN Boston the other day, Dr. Ryder, the President-elect of the Massachusetts Society, in his efforts to increase the membership, stated, according to the Associated Press, that every man who practices dentistry in Massachusetts, and who is not a member of the Society, imposes upon the Society members through deriving benefits which come through organized dentistry.

While ORAL HYGIENE and its editor are strongly in favor of the societies, as they exist, and have great faith in their honesty and efficiency, it would seem that no society has yet reached the point of a complete monopoly of all of the good men in its district. It is quite true that ethical men outside of the societies are profiting by the efforts of the societies, but also to an extent they lose a certain amount of their independence through the prominence of a society of which they are not members.

By all means encourage desirable men to become members of your society, but don't try to browbeat, by attempting to make slackers of those whose right to remain outside is just as great as it is to join.

The proper way to get members is to encourage prospective candidates, and not to try to bluff them.

Sucker Lists

EVERY dental office is infested with agents of every kind on earth, and particularly with agents who desire to sell a sure-pop, get-rich-quick scheme that never would pass the scrutiny of the most careless banker in the world.

Time after time the hard-earned money of

the dentist is put into the most hopeless investments, when that same money, if invested in the equipment of his office, or in taking post-graduate courses, or even in taking vacations and building up his own health, would build greater progress, and would give far more value received in return, than would the promised speculation if it turned out one hundred per cent to the good.

Isn't it time for the dentist to realize that the best investment he could possibly make is in his own business? No investment that could possibly be made does not depend in some way on the human element for its returns.

Every man's practice depends on the human element and he himself is the human element so far as his business is concerned. Why not have faith in ourselves, and do the investing in the thing we know most about, and in the way that will produce the greatest results?

The next time an agent comes in to sell you something that you don't want, explain to him that in the office which you rent and pay for, you go to very considerable expense of time and money to meet patients, and if you should desire outside services of any kind, you will go to the office that the other fellow pays for, and do your business at his

expense. That would be a 50-50 arrangement of fairness.

It is the most unmitigated gall for an outsider to come into your office to do his business and take your money away from you. Just bear in mind that your office is your investment. It should be attractive and well equipped; you should be healthy and well educated, and the people who come into your office should come either as patients, or for some purpose other than that of taking money away from you.

Specializing



YOUNG dentist with a laudable desire to improve himself came into my office a few days ago.

His idea was that extraction was so simple that he would suddenly become an exodontist over-night. He said his reason for interviewing me was that he knew I had qualified as an exodontist and that as I no longer practiced that specialty he thought I might give him an unbiased opinion. Here is what I told him.

The general practice of dentistry for at least five years, and, preferably, ten or more years, is necessary for any man who expects

to be able to form a rational opinion upon a dental subject.

If a dentist specializes before he has had an opportunity to handle a real dental practice for a period of years, he will be deficient in his judgment of dental causes and effect, and he will have a very faulty conception of the aim and accomplishment of the profession in which he desires to be considered an oracle.

There is more to exodontia than the extraction of teeth. The exodontist is the final resort. His judgment determines the retention or loss of human teeth. If teeth are extracted that should be saved, he is guilty of intentional or unintentional malpractice. If teeth are retained that should be extracted he is equally guilty.

The exodontist has a big problem—too big a problem for the inexperienced man to attack.


I also suggested to this young man that he retain his general practice and for the next two years devote two hours each day to extraction in any large clinic that would accept his services.

He said that that might result in a faulty technique and that he thought he should take a special course first. I argued that the thing for him to do was to get a world of ex-

perience and that after this gross experience is acquired the course in exodontia would have so much more appeal to his experienced mind than it could possibly have to his inexperienced mind that the two years' experience would infinitely enhance the value of his instruction.

Specialists in any department of dentistry are not made over-night. The proper kind of a specialist is the man who has such a desire to devote himself to one type of work that he is willing to exclude all other work from his field. At the same time his skill in his chosen specialty should be such that his fellow-practitioners recognize his ability. Of course he must have judgment—but any professional man without judgment is a failure whether he specializes or not.





Ballad of the Modern Paul Revere

By ANDERSON M. SCRUGGS, D.D.S.,
Atlanta-Southern Dental College, Atlanta, Georgia.

'T WAS Doctor Paul, the records state,
Who, on a horse with flying mane,
Rode through the hours dark and late
To call to arms the sleeping swain.
He warned us of the red coat train
That threatened our existence here.
The enemy is here again!
Send us another Paul Revere!

No army clamors at our gate
With trumpet blasts of loud disdain,
But an insidious foe as great:
The foes of hygiene still obtain!
The foe that chants the creed of pain,
Of sickness and of death is near.
God grant he will no longer reign!
Send us another Paul Revere!

Send us a man to dissipate
The hosts of ignorance, maintain
The laws of health, avert the fate
Of poisoned body, mouth and brain.
Give us a man (in language plain)
To preach clean mouths, to thrust the spear
Of knowledge in this dark domain—
Send us another Paul Revere!

L' ENVOI

Friend Dentist—you who sense the bane,
And see your duty sharp and clear—
Awake! and answer the refrain:
SEND US ANOTHER PAUL REVERE!

MAYOR KENDRICK WELCOMES YOU

W. FRELAND KENDRICK
MAYOR



EDWARD LOES
SECRETARY

CITY OF PHILADELPHIA
OFFICE OF THE MAYOR

July 8th, 1926.

Dr. Rea Proctor McGee,
Editor, ORAL HYGIENE,
Pittsburgh, Penna.

My dear Dr. McGee:

It is with a great deal of pleasure that I welcome to our great historic City the International Dental Congress.

Those who will assemble in Philadelphia from August 23rd to 28th, I am sure will not fail to join us in celebrating the greatest event in American history - the One hundred and Fiftieth Anniversary of the adoption of the Declaration of Independence.

We want you to visit our stores, commercial and industrial establishments and, while with us, to spend some time in our historic shrines. We have much to offer in the way of entertainment and education. I feel that to visit this great City is educational and more so now because of the Sesqui-Centennial International Exposition, which we are holding this year.

I hope that each and every one of you will enjoy your visit and go back to your homes with a warm spot in your hearts for the Birthplace of Liberty.

It is my earnest desire to meet and greet each of you during the International Dental Congress.

Very truly yours,

W. Freland Kendrick
Mayor



mec



And Here They Come Back

By BARTLETT ROBINSON, D.D.S., New York, N. Y.

NE morning not so long ago, I happened to get up an hour or two ahead of my usual schedule, and as I had a few little matters I wanted to take up with the dental dealer who got most of my business, I decided to pay him an early morning call, and arrived at his store a few minutes before he did.

While I stood waiting for him, a postoffice truckdriver came in, dragging after him three or four of those ugly striped sacks in which our Uncle Samuel transports our mail.

As I watched the husky young chap with the very wicked looking automatic at his belt gaily throw the pouches on the floor I thought of the wonderful business that dental supply house must enjoy. So when the owner came in, I made some bright remark about it. Instead of smiling happily, as I thought he should, he looked sadly at the heaped up mail sacks, sighed deeply, and acted as though he wanted to forget about it. So I asked him if that morning's mail was smaller than he was accustomed to, and I wondered, out loud, why a man should register evident disappointment



"I sure wish they were orders!"

at what appeared to me to be a very sizable assortment of orders.

"Orders!" said he, "I sure wish they were orders. But they're not. That's the dickens of it. If you have a little time stick around and I'll show you the kind of 'orders' most of them are." As I'm always interested in all the things that have any bearing on dentistry, I told him I'd be glad to. So he asked me to come into the office, pulled up a chair, and I sat down while he started to open up the mail. Of course there were a lot of orders in the sacks. But there were also a great many packages, some of them containing models to which teeth were to be fitted,

but the great majority of them contained goods, dental goods of all kinds and descriptions, coming back for credit. Some of the things returned were still brand-new and in salable condition, but it was easy for me to see that many of them were not.

There were things in some of those parcels that looked as though they had been used, messed up, broken and otherwise abused considerably. There were bottles of cement with the labels yellow with age, there was a section of cuspidor hose so old and brittle that it fairly crumbled at the touch, and as to teeth—brother, there were gobs, oodles and slews of them, in every possible state of disarray, mixture and confusion.

The letters that accompanied the hundred-and-one different things that filled those mail sacks were almost as varied as the goods themselves. They mentioned all sorts of reasons for wanting to obtain credit for the goods returned, and from the tone of all of them they certainly expected to get it.

I was beginning to feel rather sorry for my friend the supply man. I began to realize that his life was no more all skittles and beer than mine. Maybe not so much. I've had lot of patients who have not paid me for the dentistry I have done for them, but very few who returned it for credit. Maybe that was because they did not know how to get it out, but we'll pass over that.

As I listened to some of those letters I wondered if very many

of us out in practice realized the variety of the problems that the fellow who sells us our goods is up against. Here were dentists returning teeth they had had for months, some of them broken sets, some with several ground specimens in the sets, and others of makes not even handled by the dealer to whom they were returned. There were other articles in that mass of mail which were returned for no apparent reason at all. They were simply returned, and that was all there was to it. I asked the dealer how he explained that.

It seems that when he sends out his statements, some of the fellows who are at the receiving end of the line just scout around their offices until they find some article or other they think they can get along without, and they send it in, hoping to reduce the amount they owe the poor devil who rather expects to receive a check from them.

And if they succeed in getting credit for it, they are prone to forget about sending the dealer any money at all that month.

But the tooth business was apparently the worst feature of the whole situation. It seems that a great many dentists are in the habit of ordering several sets of teeth when they want one set for a certain case. Instead of promptly returning the unused ones, they are laid aside, and the process is repeated time and again, until the dentist has accumulated quite a stock of them, and has also run up a

pretty big balance at the supply house.

When he sends the teeth back, he can scarcely be expected to know the effect it has on his dealer. The dealer of course, must keep his stock filled up, so he has ordered teeth to take the place of those sent the customer. And the dealer has figured that he has sold those teeth, and has counted on receiving his money for them. Months later, when they come back home to roost, they will not find him in a very receptive mood. But rather than offend a customer, he does, no doubt, give the dentist credit for them.

I thought at the time how nice it would be if the clothing merchants, the tire dealers and a few others would be so accommodating. One could go to his tailor and order two or three suits of clothes, and see which he liked the best. After thinking the matter over carefully for several months, he could return the ones he did not need. Or he could carry two or three spare casings just to have them handy in case of a blow-out, and when he put his car away for the winter he could return the ones he had not needed.

Of course, I know there are quite a few dental articles sold on approval, but after that morning spent with my dental dealer friend, I do not feel that the approval method of selling is responsible for much of the "grief" attendant upon returned goods. In cases of that nature, both the dealer and the

manufacturer expect a certain percentage of returned goods, and they make their plans accordingly.

In some businesses, goods are sent out before they are ordered, but that is an evil that has not been prevalent in the dental field.

Which calls to mind the very effective stunt pulled off by a dentist in a Western city. He received in the mail one morning a package containing several neckties. With them came a letter telling him what good ties they were, and hoping that he would like them, and would mail his check for twelve dollars, they were his very truly and so on.

Now that dentist scuttled around in his laboratory and dug up two plates, an upper and a lower, not even mates, and mailed them, registered mail, to the president of the company which had sent him the ties. He wrote a letter, too, stating that they were nice plates, and he hoped they would fit, and enclosed his bill for a hundred dollars.

The attorney for the people



A package of ties.

who mailed him the ties came over in a hurry and returned the plates and took back the ties.

That story hasn't much to do with the subject I started talking about, but I certainly en-

joyed hearing it. It shows that there are some in our profession with business ability. And the better the business ability we are able to develop, the better we will make dentistry for all.



The ORAL HYGIENE Cup

To be awarded to the Runner-Up of the Champion in the Tournament of the American Dental Golf Association to be held Friday, August 27th, in Philadelphia. The cup is of Sterling Silver and stands about 15 inches high.

Assembly! Mess Call!



ARK! The old familiar call — "Assembly" comes reverberating throughout the land to find echo in the heart of each service man of Dentistry — stirring his militant spirit, straightening up his shoulders, and hastening his steps to be present at "Roll Call." Yes—Comrades—the spirit of the Dento-Military Service calls to you! Rally at Headquarters, Section XIV Military Surgery, Seventh International Dental Congress, at 10 a. m., August 23rd, 1926.

Our program contains fourteen instructive papers, written and discussed by representative military professional men of achievement, and a symposium: Reports of the Military Dental Service, read by representatives of seven nations, from which valuable information of a comparative nature will be derived. This veritable Post Graduate Course in Military Dental Surgery is of such great importance, no one in that service can afford to overlook it.

Seven years have passed since demobilization and those men remembering conditions then extant, must realize the same rapid strides, ever characteristic of dentistry's progress, have also been paced by her offspring — Military Dental Surgery.

Come on — Comrades — old and young! Get acquainted with Military Dentistry—"as is." Grasp this glorious opportunity of rubbing shoulders with worthy Veterans of

high professional standing, whose words of wisdom will fill your souls with pride!!! Fellows of the Reserve—*four thousand strong*—here's your big chance to line up with the rank and file of your own Service! FALL IN. LET'S GO!

In clear staccato trumpet notes comes—"Rookey, Rookey, Rookey—Come and get your b-e-a-n-s!" "That's her, fellows — MESS CALL"—inviting us to the Military Banquet of the International Dental Congress, given conjointly by Section XIV, Military Surgery, and the Association of Military Dental Surgeons, Hotel Traymore, Atlantic City, 7 p. m., August 26th.

The three distinguished Surgeons General of the United States—Army, Navy, and Public Health Service, will be the guests of honor, at the Military Banquet, and will address the assembled Comrades. Happy responses will be made by able men of dentistry, followed by special entertainment, and thus "with story and song—we'll jog along" right merrily throughout the evening.

To insure place at the table, ask for Military Banquet tickets at the booth when registering "in." Take an early afternoon special train, that sight-seeing on the beach (good for tired eyes), and on the famous boardwalk, can be enjoyed before a swim and the good dinner.

All officers are invited to wear uniforms on this occasion.

ROBERT TODD OLIVER,
President, Section XIV, Military Surgery, Seventh International Dental Congress.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

HE: "What is your salary as a saleslady?"

SHE: "Seven per week."

HE: "Surely you cannot lead a good spiritual life on that!"

SHE: "That's the only kind you can lead on seven per."

"I call my latest sweetie my maple sugar daddy 'cause he's such a refined sap."

FATHER: "Daughter, do you ever let the boys kiss you good-night?"

DAUGHTER: "N-n-n-o, father."

FATHER: "Well, don't let them do it any more."

"Toofus!"

"Yes-sir?"

"Call up my dentist and see if you can make an appointment for me. And Toofus!"

"Yes sir?"

"Don't press him."

JACK: "Well, come on, ol' man, we may as well 'ave another one. What's yours?"

JOCK: "Mon, mon, ye've bin paying all the evening, let's toss."

Mandy was eating her lunch when a neighbor came in with the ill tidings.

"Mandy," the visitor warned her, "prepare yourself for some powerful bad news. Your husband has just been in the worst accident."

"Land sakes," broke in Mandy, "if Rastus am dead, you sure am goin' to hear some awful wailin' soon's I finish dis yere meal."

One day a very pretty young lady who had a poodle dog in her lap chanced to be riding on a street car. A bluenose lady sitting next to the girl addressed her thusly: "My, what a nasty little dog. Don't you think, my young lady, it would look much nicer if you had a little baby in your lap?"

"No," the pretty one replied in calm, even tones, "it wouldn't. You see, I'm not married."

She went to a party with some sailors who were home on furlough. When she got back her hair was all mussed up and everything.

"Now, she said, 'I understand why they call them 'petty' officers.'"

"I think, George," said Mrs. Jones to her husband, "I'll ask the new people next door to have dinner with us tonight."

"Why?" asked the husband.

"Well, the butcher left their meat here by mistake, and it seems only fair."

MARY: "He gave me an army and navy kiss last night."

SUE: "What kind is that?"

MARY: "Oh, that's rapid fire, about sixty a minute."

SAM: "Where were yu las' night?"

Doc: "May and I went coupeying."

SAM: "Big time I suppose?"

Doc: "Fair. May did the cooing and I did the paying."